

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Academy of Dermatology Association Political Action Committee (SkinPAC)

ADDRESS (number and street)

1445 New York Avenue NW

Ste 800

Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Quarterly Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2010

through

04

30

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Steven J. Debnar

Signature of Treasurer

Electronically Filed by Steven J. Debnar

Date

05

10

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 38

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	273974.15
(b) Cash on Hand at Beginning of Reporting Period	343584.68	
(c) Total Receipts (from Line 19)	42190.00	151127.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	385774.68	425101.15
7. Total Disbursements (from Line 31)	10825.71	50152.18
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	374948.97	374948.97
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	34495.00	130380.00
(ii) Unitemized	7695.00	20747.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	42190.00	151127.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42190.00	151127.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42190.00	151127.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42190.00	151127.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1325.71	2152.18	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1325.71	2152.18	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	48000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10825.71	50152.18	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10825.71	50152.18	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42190.00	151127.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42190.00	151127.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1325.71	2152.18
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1325.71	2152.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

William Abildgaard

Mailing Address 4901 Zephyr Point Road

City

Paradise

State

CA

Zip Code

95969-8121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self EmployedOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 31CEB8C320CD430EACF

Amount of Each Receipt this Period

500.00

Amex

B.

Full Name (Last, First, Middle Initial)

Ross A. Alexander

Mailing Address PO Box 3188

City

San Angelo

State

TX

Zip Code

76902-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Texas Medical Associ-
ationOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: D08BCB151DA68FE3F30

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Corrie V. Alford

Mailing Address 357 Hepburn Drive

City

Atlanta

State

GA

Zip Code

30349-1031

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Southeast Permanente
Medical GroupOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: D144F9E22ACD4B392F8

Amount of Each Receipt this Period

365.00

Visa

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Christie Travelute Ammirati

Mailing Address 1829 Pebble Court

City

Harrisburg

State

PA

Zip Code

17110-8902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hershey Med Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 948B21F78A8128CC9DB

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tricia R. Andrews

Mailing Address 7744 Deerwood Point Court

City

Jacksonville

State

FL

Zip Code

32256-2825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Dermatology
Assoc. PL

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: AF859732F46B1A5B1F3

Amount of Each Receipt this Period

400.00

Visa

C.

Full Name (Last, First, Middle Initial)

Rodney S. W. Basler

Mailing Address 2700 Eastgate Street

City

Lincoln

State

NE

Zip Code

68502-5024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: A8621A0DAD54CD6A86C

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Betsy B. Beers

Mailing Address 9345 Southwest 46th Place

City

Gainesville

State

FL

Zip Code

32608-7111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology AssociatesOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 126EB24F2EF2C86F552

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Scott D. Bennion

Mailing Address 2800 Garden Creek Road

City

Casper

State

WY

Zip Code

82601-6600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Wyoming Skin Clin-
icOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 52EE25D9DB2F4A86093

Amount of Each Receipt this Period

70.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Diane M. Bernardi

Mailing Address 12277 County Road E35

City

Bryan

State

OH

Zip Code

43506-8309

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCHA-Montpelier ClinicOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 23029B4E26027D13191

Amount of Each Receipt this Period

1000.00

Amex

SUBTOTAL of Receipts This Page (optional)

1320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Paul H. Bowman

Mailing Address 5053 Ashington Landing Drive

City

Tampa

State

FL

Zip Code

33647-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: F5646E7E6814FC7543A

Amount of Each Receipt this Period

365.00

Visa

B.

Full Name (Last, First, Middle Initial)

Norman Asher Brooks

Mailing Address 16420 Marbro Drive

City

Encino

State

CA

Zip Code

91436-3619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Cancer Medical Center

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 8B779EBEA65259CA2C0

Amount of Each Receipt this Period

500.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

David F. Butler

Mailing Address 3627 Fall Creek Lane

City

Temple

State

TX

Zip Code

76504-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scott and White Clinic

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: D0D7AB60E7813421155

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Soni S. Carlton

Mailing Address 307 Howard Drive

City

Lynchburg

State

VA

Zip Code

24503-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: DA1D0D410E3EB27BF50

Amount of Each Receipt this Period

500.00

Visa

B.

Full Name (Last, First, Middle Initial)

Sarah Cash

Mailing Address 6409 Dawnmist Lane

City

Charlotte

State

NC

Zip Code

28269-0800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Group of the
Carolinas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: A4182129A158C9E15E2

Amount of Each Receipt this Period

365.00

Visa

C.

Full Name (Last, First, Middle Initial)

Ashley Celis Cavalier

Mailing Address 227 Medinah

City

Saint Simons Islan

State

GA

Zip Code

31522-2434

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Shore Dermatology

Occupation
Self Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 34BE4D2E93D254EE678

Amount of Each Receipt this Period

500.00

Amex

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Richard A. Cirelli

Mailing Address 3087 Rainbow Ridge Drive

City

Prescott

State

AZ

Zip Code

86303-5766

FEC ID number of contributing
federal political committee.

C

Name of Employer
SunWest Dermatology

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 14DB09AABDA11711F20

Amount of Each Receipt this Period

250.00

MasterCard

B.

Full Name (Last, First, Middle Initial)

Clay J. Cockerell

Mailing Address 4312 Arcady Avenue

City

Dallas

State

TX

Zip Code

75205-3704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cockerell & Associates

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 3098CB5776066ED4F9A

Amount of Each Receipt this Period

500.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Weldon E. Collins

Mailing Address Suite 312
2929 Calder Street

City

Beaumont

State

TX

Zip Code

77702-1831

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: B76251E33D992F9F321

Amount of Each Receipt this Period

365.00

Amex

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Karen Collishaw

Mailing Address Suite 870

1350 I Street Northwest

City

Washington

State

DC

Zip Code

20005-3387

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Academy of Derma-
tology

Occupation

Association Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 58BC51B55468E820F84

Amount of Each Receipt this Period

84.00

Visa

B.

Full Name (Last, First, Middle Initial)

Ana L. Colon De Jimenez

Mailing Address 813 Calle Jose Marti

City

San Juan

State

PR

Zip Code

00907-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer
PL Derma, Inc.

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 59E7DA6A0C5E7CCAAFE

Amount of Each Receipt this Period

365.00

C.

Full Name (Last, First, Middle Initial)

Alma M. Cruz

Mailing Address Pmb 50

PO Box 6007

City

Carolina

State

PR

Zip Code

00984-6007

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: F6289B3D1F6A2CBA413

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

814.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Joseph L. Cvancara

Mailing Address 4425 E Silver Spur Lane

City

Spokane

State

WA

Zip Code

99217-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology and
Skin Surgery

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 9E98EDBB022FEE3536B

Amount of Each Receipt this Period

365.00

Amex

B.

Full Name (Last, First, Middle Initial)

Paul T. Dunn

Mailing Address 2202 S Ridgmont Lane

City

Spokane Valley

State

WA

Zip Code

99037-8031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Dermatology & Sk-
in Surgery

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: EA642C557D9B58501ED

Amount of Each Receipt this Period

365.00

Amex

C.

Full Name (Last, First, Middle Initial)

Robert D. Durst, Jr.

Mailing Address 7310 Southwest Robins Drive

City

Topeka

State

KS

Zip Code

66610-1548

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: A4E0917A2B84DFBA56D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Peter G. Ehrnstrom

Mailing Address Suite T4-020

3841 Piper Street

City

Anchorage

State

AK

Zip Code

99508-4673

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Center for Dermato-
logy

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: FE24728160102CFE993

Amount of Each Receipt this Period

365.00

Visa

B.

Full Name (Last, First, Middle Initial)

Allen Bruce Filstein

Mailing Address 945 Buckingham Circle Northwest

City

Atlanta

State

GA

Zip Code

30327-2701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 7 / 2 0 1 0

Transaction ID: 6D63ED8F1D159BA4EDD

Amount of Each Receipt this Period

250.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Emily J. Fisher

Mailing Address Apt. 6

15 Albemarle Street

City

Boston

State

MA

Zip Code

02115-4946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lahey Clinic

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 727AD7660B988042815

Amount of Each Receipt this Period

365.00

Amex

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Mona Salem Foad

Mailing Address 6513 Foxchase Lane

City

Cincinnati

State

OH

Zip Code

45243-3198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Dermatology Ce-
nter

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: AFD8C80F6526150DA12

Amount of Each Receipt this Period

365.00

Amex

B.

Full Name (Last, First, Middle Initial)

Lorna J. Fredrikson

Mailing Address 15105 E Pancho Villa Place

City

Fountain Hills

State

AZ

Zip Code

85268-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Arizona Skincare Physicia-
ns PLC

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: C426AA966E3B1B8D76D

Amount of Each Receipt this Period

250.00

Visa

C.

Full Name (Last, First, Middle Initial)

Ilona J. Frieden

Mailing Address 811 Paramount Road

City

Oakland

State

CA

Zip Code

94610-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of California

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 620034A40CBA0F6C7B9

Amount of Each Receipt this Period

250.00

Visa

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Erin Scott Gardner

Mailing Address 315 Dickson Street

City

Saint Louis

State

MO

Zip Code

63122-4631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aesthetic Derm Surgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 50688AE25C8C4AC4C16

Amount of Each Receipt this Period

250.00

MasterCard

B.

Full Name (Last, First, Middle Initial)

Lawrence J. Green

Mailing Address 7820 Mary Cassatt Drive

City

Potomac

State

MD

Zip Code

20854-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: E0DE1D62E79B5E5BB2C

Amount of Each Receipt this Period

250.00

Amex

C.

Full Name (Last, First, Middle Initial)

Thomas D. Griffin

Mailing Address 741 Hunt Lane

City

Flourtown

State

PA

Zip Code

19031-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Institute for Dermatopath-
ology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: F87AC51F47C86F1CBCD

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Kenneth Grossman

Mailing Address 31 Windsor Drive

City

Little Silver

State

NJ

Zip Code

07739-1354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: F5333642D6623A406AE

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven M. Hacker

Mailing Address 6898 Northeast 8th Drive

City

Boca Raton

State

FL

Zip Code

33487-2413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 0F2FB46C9C421909183

Amount of Each Receipt this Period

250.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Phillip K. Hall

Mailing Address 10727 Falls Creek Lane

City

Centerville

State

OH

Zip Code

45458-6063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatologists of SW Ohio

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: 908A42746111BFDD0B3

Amount of Each Receipt this Period

365.00

Visa

SUBTOTAL of Receipts This Page (optional)

865.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael P. Heffernan

Mailing Address 4405 Delco Dell Road

City

Dayton

State

OH

Zip Code

45429-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: A00B18E3B34A499EF8C

Amount of Each Receipt this Period

500.00

Visa

B.

Full Name (Last, First, Middle Initial)

Richard Robert Henderson

Mailing Address 2556 N Nc Highway 119

City

Mebane

State

NC

Zip Code

27302-9371

FEC ID number of contributing
federal political committee.

C

Name of Employer
Burlington Dermatology Ce-
nter Inc.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 59058A671AA90FE2CB3

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Lance B. Henry

Mailing Address 1596 Steele Road

City

Springdale

State

AR

Zip Code

72762-6305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 56EDE736134BFEF90C0

Amount of Each Receipt this Period

250.00

Amex

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Tim Ioannides

Mailing Address 1340 Olde Doubloon Drive

City

Vero Beach

State

FL

Zip Code

32963-2455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: C73DC3518850FA3DC88

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Dale H. Isaacson

Mailing Address 7812 Pearson Knoll Place

City

Potomac

State

MD

Zip Code

20854-2999

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drs. Isaacson & Berzin LLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 2 / 2 0 1 0

Transaction ID: 101B437D17C343F0CDF

Amount of Each Receipt this Period

250.00

PayPal

C.

Full Name (Last, First, Middle Initial)

Robert L. Jackson

Mailing Address 9603 Colthurst Cove

City

Germantown

State

TN

Zip Code

38139-6822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 6 / 2 0 1 0

Transaction ID: 76ADAD1135904FF1949

Amount of Each Receipt this Period

500.00

MasterCard

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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FOR LINE NUMBER: PAGE 21 / 38

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Robert B. Johnson

Mailing Address 236 Beachers Brook Lane

City

Cary

State

NC

Zip Code

27511-5598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cary Dermatology Center,
PA

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: BA4016F3D45EF35DD13

Amount of Each Receipt this Period

250.00

Visa

B.

Full Name (Last, First, Middle Initial)

Sandra Marchese Johnson

Mailing Address 1606 Tiger Lily Court

City

Greenwood

State

AR

Zip Code

72936-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 3AD8BBCCFEC19768609

Amount of Each Receipt this Period

250.00

Visa

C.

Full Name (Last, First, Middle Initial)

Albert A. Kattine

Mailing Address 6342 Shadow Ridge Court

City

Brentwood

State

TN

Zip Code

37027-5657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: B2F6CCA6DF9C6D383CB

Amount of Each Receipt this Period

125.00

Visa

SUBTOTAL of Receipts This Page (optional)

625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 22 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Christopher Bryant Kruse

Mailing Address Apt. 14G

200 Chambers Street

City

New York

State

NY

Zip Code

10007-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology And Skin Canc-
er Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 62C95F571E67E5A77D3

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anne E. Laumann

Mailing Address Apt. 2705

21 E Huron Street

City

Chicago

State

IL

Zip Code

60611-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Dept Northwes-
tern Univ.

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: EECF895BD84827D44C7

Amount of Each Receipt this Period

500.00

Amex

C.

Full Name (Last, First, Middle Initial)

Robert A. Lee

Mailing Address 8021 Caminito Gianna

City

La Jolla

State

CA

Zip Code

92037-2908

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of San Diego

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 35A760E018E0EDBC05D

Amount of Each Receipt this Period

365.00

Visa

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David J. Levine

Mailing Address 1605 Asheforde Drive

City

Marietta

State

GA

Zip Code

30068-1861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlanta Center For Dermat-
ologic Diseases

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: F8B0B354EF049F6945A

Amount of Each Receipt this Period

1000.00

Amex

B.

Full Name (Last, First, Middle Initial)

Paul B. Lundstrom

Mailing Address 21729 Holman Point Drive

City

Nisswa

State

MN

Zip Code

56468-2377

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Professional

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 4 / 2 0 1 0

Transaction ID: A7E8A85CA85484DC82A

Amount of Each Receipt this Period

1000.00

Visa

C.

Full Name (Last, First, Middle Initial)

Elizabeth Shannon Martin

Mailing Address 861 Tulip Poplar Drive

City

Birmingham

State

AL

Zip Code

35244-1639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Dermatology and Sk-
in Wellness

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: 6E1FFF050FDE8CF6F78

Amount of Each Receipt this Period

100.00

Amex

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Jessica N. Mehta

Mailing Address 2255 Crestview Drive

City

West Linn

State

OR

Zip Code

97068-8273

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Medical Group

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: DC0D3D7FB47AA51DAEC

Amount of Each Receipt this Period

365.00

Visa

B.

Full Name (Last, First, Middle Initial)

Brent R. Moody

Mailing Address 319 Walnut Drive

City

Nashville

State

TN

Zip Code

37205-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skin Cancer & Surgery Cen-
ter

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 70E51912362D562F0AA

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Samuel S. Norvell, Jr.

Mailing Address 13308 Southwood Drive

City

Rockville

State

MD

Zip Code

20850-3442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 815FD9CBCECA20B8A0E2

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1015.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Julia K. Padgett

Mailing Address 12805 Saddleseat Place

City

Henrico

State

VA

Zip Code

23233-7687

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Virginia

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 2D66B4EFB325DF717A7

Amount of Each Receipt this Period

250.00

Amex

B.

Full Name (Last, First, Middle Initial)

Chad L. Prather

Mailing Address 1737 May Street

City

Baton Rouge

State

LA

Zip Code

70808-2074

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermasurgery Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: F7528C064AB1E3ECD32

Amount of Each Receipt this Period

100.00

Amex

C.

Full Name (Last, First, Middle Initial)

Ronald P. Rapini

Mailing Address 4148 Cason Street

City

Houston

State

TX

Zip Code

77005-3559

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Texas

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: B06B5CD7A7F00677AFF

Amount of Each Receipt this Period

251.00

PayPal

SUBTOTAL of Receipts This Page (optional)

601.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Samuel John Reck

Mailing Address 4371 Stout Creek Trail

City

State

Zip Code

Billings

MT

59106-9404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Billings ClinicOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	0

Transaction ID: 5F63D3BDAC39CCAC683

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Laura E. Regan

Mailing Address 3801 Solebury Place

City

State

Zip Code

Midlothian

VA

23113-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avenues DermatologyOccupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	0

Transaction ID: ED04F4C9A6B43579025

Amount of Each Receipt this Period

400.00

Visa

C.

Full Name (Last, First, Middle Initial)

Jennifer M. Ridge

Mailing Address 1 Gardner Place

City

State

Zip Code

Middletown

OH

45042-2338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comprehensive DermatologyOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	0

Transaction ID: 07467F927EC301BFE6D

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Patricia K. Roddey

Mailing Address 2112 Wellesley Avenue

City

Charlotte

State

NC

Zip Code

28207-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mecklenberg Medical Group

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 4703A0B165ADD631B44

Amount of Each Receipt this Period

1000.00

Amex

B.

Full Name (Last, First, Middle Initial)

Stephen Edwin Rostan

Mailing Address Suite A
185 Page Road

City

Pinehurst

State

NC

Zip Code

28374-8747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pinehurst Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 6796979AFBE205A59C8

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Charles W. Ruggles

Mailing Address Suite 100
3245 International Circle

City

Colorado Springs

State

CO

Zip Code

80910-3152

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pikes Peak Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 2AF671778EA0F4C32B0

Amount of Each Receipt this Period

365.00

Amex

SUBTOTAL of Receipts This Page (optional)

1665.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Joel K. Sears

Mailing Address 1807 N Hutchinson Road

City

Spokane Valley

State

WA

Zip Code

99212-2444

FEC ID number of contributing
federal political committee.

C

Name of Employer
Advanced Derm and Skin Su-
rgery

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 821EF1A85E284113EA0

Amount of Each Receipt this Period

365.00

Amex

B.

Full Name (Last, First, Middle Initial)

Joseph Jacob Shaffer

Mailing Address 852 Osceola Avenue

City

Saint Paul

State

MN

Zip Code

55105-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Consultants

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: CEED9064CAD1E699549

Amount of Each Receipt this Period

250.00

Visa

C.

Full Name (Last, First, Middle Initial)

Kerry M. Shafran

Mailing Address 5515 Silchester Lane

City

Charlotte

State

NC

Zip Code

28215-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Dermatology, PLLC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 481A92C3F900DFB422D

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

E. Dorinda Shelley

Mailing Address 21171 W River Road

City

Grand Rapids

State

OH

Zip Code

43522-9817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Toledo Col of Med-
icine

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 56FDFEF5C7F9D7DC170

Amount of Each Receipt this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Shari L. Skinner

Mailing Address 13370 Sandy Key Lane

City

Fort Myers

State

FL

Zip Code

33908-1781

FEC ID number of contributing
federal political committee.

C

Name of Employer
Associates in Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 9020780AF27053412B8

Amount of Each Receipt this Period

1000.00

Amex

C.

Full Name (Last, First, Middle Initial)

Katrina Smith

Mailing Address 5705 Lakeshore Drive

City

Wausau

State

WI

Zip Code

54401-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aspirus Dermatology

Occupation
Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: 06D6E8441FCEE38D87B

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1715.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 30 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

David Allen South

Mailing Address 16 Oak Tree Lane

City

Aptos

State

CA

Zip Code

95003-9577

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 7DDE22C20B482BDED5A

Amount of Each Receipt this Period

250.00

Visa

B.

Full Name (Last, First, Middle Initial)

Laura S. Spears

Mailing Address 490 Shady Dell Road

City

York

State

PA

Zip Code

17403-4483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Dermatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 10EDB2FA585BD2C7966

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven F. Stanowicz

Mailing Address 1506 E Chapman Avenue

City

Orange

State

CA

Zip Code

92866-2231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: 663633C9D8D36E98FF9

Amount of Each Receipt this Period

500.00

MasterCard

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Randolph Wilkinson Stark

Mailing Address 6621 Shalestone Court

City

Clifton

State

VA

Zip Code

20124-2534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 6B0A5302D8F1C5F33E9

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stephen P. Stone

Mailing Address 2021 S Wiggins Avenue

City

Springfield

State

IL

Zip Code

62704-3338

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIU School of Medicine,
Div of Dermato

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 0

Transaction ID: F040A2FBA48E2F9CF50

Amount of Each Receipt this Period

500.00

Amex

C.

Full Name (Last, First, Middle Initial)

James H. Taylor

Mailing Address 1322 Trail by the Lake

City

Deland

State

FL

Zip Code

32724-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: 12235FEB57F8B8E23D8

Amount of Each Receipt this Period

250.00

Amex

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

William Patrick Brown Teer

Mailing Address 100 Windwood Drive

City

Jackson

State

TN

Zip Code

38305-8815

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Tennessee Medical

Occupation

Dermatology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: B4212D3635F3A2E6E74

Amount of Each Receipt this Period

750.00

Amex

B.

Full Name (Last, First, Middle Initial)

Danny R. Thomas

Mailing Address 1121 Augusta Court

City

Mansfield

State

TX

Zip Code

76063-2652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 718CBE3CC7FE3984A51

Amount of Each Receipt this Period

365.00

MasterCard

C.

Full Name (Last, First, Middle Initial)

Jackie Michael Tripp

Mailing Address 9743 Palma Vista Way

City

Boca Raton

State

FL

Zip Code

33428-3527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tripp Dermatology

Occupation

Dermologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 0

Transaction ID: C5F290E77B64358B8D1

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1365.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Larry E. Urry

Mailing Address Suite 2635

4403 Harrison Boulevard

City

Ogden

State

UT

Zip Code

84403-3244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 1 0

Transaction ID: 391BEDEBC670605B2BB

Amount of Each Receipt this Period

365.00

Visa

B.

Full Name (Last, First, Middle Initial)

Jennifer L. Vesper

Mailing Address 2171 Oceanview Drive

City

Tierra Verde

State

FL

Zip Code

33715-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 7 / 2 0 1 0

Transaction ID: CBFB08C1B891344ECB9

Amount of Each Receipt this Period

1000.00

Amex

C.

Full Name (Last, First, Middle Initial)

Kenneth Ray Warrick

Mailing Address 3016 Highland Grove Drive

City

Johnson City

State

TN

Zip Code

37615-4596

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Dermatology

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 2B931D54B1A19F72FB4

Amount of Each Receipt this Period

365.00

Visa

SUBTOTAL of Receipts This Page (optional)

1730.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Kevin Lynn Whaley

Mailing Address 9487 Wolf Pack Terrace

City

Colorado Springs

State

CO

Zip Code

80920-7679

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summit Dermatology PC

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 1 / 2 0 1 0

Transaction ID: 6C3FAC86ABEE935C0A3

Amount of Each Receipt this Period

500.00

Visa

B.

Full Name (Last, First, Middle Initial)

Katherine Anne Wier

Mailing Address Apt. 1
6250 N Rockwell Street

City

Chicago

State

IL

Zip Code

60659-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 6 / 2 0 1 0

Transaction ID: BFC75906917AF47B699

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David I. Wolf

Mailing Address 17790 Valle Verde Road

City

Poway

State

CA

Zip Code

92064-1002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dermatology Specialists

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 1 0

Transaction ID: ABBA044A3536DCB596F

Amount of Each Receipt this Period

250.00

MasterCard

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 38

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Michael D. Zanolli

Mailing Address 513 Fairfax Avenue

City

Nashville

State

TN

Zip Code

37212-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heritage Medical Associat-
esOccupation
Physician

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	0

Transaction ID: AD2D84FEAAAE894002

Amount of Each Receipt this Period

500.00

Amex

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

34495.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 38

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: V761DC40BFAA40EB53B6 Date of Disbursement																				
Mailing Address PO Box 53852	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City Phoenix State AZ Zip Code 85072-3852	Amount of Each Disbursement this Period																				
Purpose of Disbursement Amex Fees Candidate Name	<table border="1"> <tr> <td colspan="10">559.19</td> </tr> </table>	559.19																			
559.19																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: VAA9A58ADE3559725A9F Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement VS/MC Fees Candidate Name	<table border="1"> <tr> <td colspan="10">30.00</td> </tr> </table>	30.00																			
30.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Merchant Services	Transaction ID: V64AEC8080790D7F857E Date of Disbursement																				
Mailing Address PO Box 6603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	5		2	0	1	0												
City Hagerstown State MD Zip Code 21741-6603	Amount of Each Disbursement this Period																				
Purpose of Disbursement MC/VS Fees Candidate Name	<table border="1"> <tr> <td colspan="10">736.52</td> </tr> </table>	736.52																			
736.52																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1325.71

TOTAL This Period (last page this line number only)

1325.71

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A. Full Name (Last, First, Middle Initial) Blumenthal for Senate	Transaction ID: 39872DF719974C7070A Date of Disbursement																				
Mailing Address 777 Summer Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	3		2	0	1	0												
City Stamford State CT Zip Code 06901	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Richard Blumenthal	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Charlie Dent for Congress	Transaction ID: 0BC2C50FF7E21FF8284 Date of Disbursement																				
Mailing Address PO Box 442	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	2		2	0	1	0												
City Allentown State PA Zip Code 18105	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Charles W. Dent	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Pete Sessions for Congress	Transaction ID: 7659D3CF503EB97EC2F Date of Disbursement																				
Mailing Address PO Box 823047	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	0												
City Dallas State TX Zip Code 75382	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 General	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Pete Sessions	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 38 / 38

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee (SkinPAC)

A.

Full Name (Last, First, Middle Initial)

Ted Deutch for Congress Committee

Mailing Address 20423 Sr 7 Suite F6-383

City
Boca Raton

State
FL

Zip Code
33498

Purpose of Disbursement
2010 Special

Candidate Name
Theodore Eliot Deutch

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 19

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special

011
Category/
Type

Transaction ID: CF6509415E7769679E6

Date of Disbursement

MM / DD / YYYY
04 / 01 / 2010

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

9500.00